	Caca 22 12002		ad 12/10/	77 Entara	<u> 12/1</u> 8/	<u> </u>	LG Doco Main	
Fill	I in this information to identify your cas				LOT		x only as directed in this	s form and in
D	Debtor 1 Celine	Alexus	Finley				no presumption of abus	Se.
	First Name	Middle Name	Last Name				culation to determine if a	
	Debtor 2 Spouse, if filing) First Name	Middle Name	Last Name		_	of abuse a	pplies will be made und St Calculation (Official Fo	er <i>Chapter 7</i>
U	Inited States Bankruptcy Court for the:	Easte	ern District of	Pennsylvania			•	,
	Case number		, , , , , , , , , , , , , , , , , , ,	- Omioyivama			ans Test does not apply I military service but it co	
(if	f known)					Check if th	nis is an amended filing	
Of	fficial Form 122A-1							
	napter 7 Statemer	nt of Your	Curren	t Monthly	/ Inco	me		12/19
and becavith	ch a separate sheet to this form. Incl case number (if known). If you belie ause of qualifying military service, co n this form. Calculate Your Current M	ve that you are exemomplete and file State	pted from a p	resumption of abo	use becaus	e you do not ha	ave primarily consumer	debts or
1.	What is your marital and filing statu Not married. Fill out Column A, li	•						
	Married and your spouse is filing		oth Columns A	and B lines 2-11				
	☐ Married and your spouse is NOT							
	Living in the same househo		-		n A and B, li	nes 2-11.		
	Living separately or are legation under penalty of perjury that spouse are living apart for re	t you and your spous	e are legally s	eparated under no	nbankruptcy	/ law that applie	es or that you and your	
10 va ex	ill in the average monthly income that 01(10A). For example, if you are filing aried during the 6 months, add the inc xample, if both spouses own the same 0 in the space.	on September 15, the come for all 6 months	e 6-month per and divide the	riod would be Marc e total by 6. Fill in th	h 1 through ne result. Do one column	August 31. If the not include are only. If you have	ne amount of your month by income amount more we nothing to report for a	nly income than once. For
					Deb	ımn A t or 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).					\$4,972.50		
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.				В	\$0.00		
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.					\$0.00		
5.	Net income from operating a busine or farm	ess, profession,	Debtor 1	Debtor 2				
	Gross receipts (before all deductions	s)	\$0.00	·				
	Ordinary and necessary operating ex	xpenses	- \$0.00					
	Net monthly income from a business	s, profession, or farm	\$0.00	Cop here →	-	\$0.00		
6.	Net income from rental and other re	eal property	Dobtor 1	Dobtor 2				
	Gross receipts (before all deductions		Debtor 1 \$0.00	Debtor 2				
	Ordinary and necessary operating ex	•	- \$0.00					
	,	,		Cop	v			
	Net monthly income from rental or of	ther real property	\$0.00	here	-	\$0.00		
_				\rightarrow		\$0.00		
7	Interest, dividends, and rovalties					50.00		

Filed 12/18/23 Entered 12/18/23 11:06:46 De Deckment Page 2 of 3 Desc Main Debtor 1 Column A Column B Debtor 1 Debtor 2 or non-filing spouse \$0.00 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit the Social Security Act. Instead, list it here: \$0.00 For you..... For your spouse..... 9. Pension or retirement income. Do not include any amount received that was a \$0.00 benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. \$4,972.50 \$4,972.50 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Total current monthly income Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: \$4,972.50 12a. Copy your total current monthly income from line 11..... Copy line 11 here -Multiply by 12 (the number of months in a year). x 12 12b. The result is your annual income for this part of the form. \$59,670.00 12b 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Pennsylvania Fill in the number of people in your household. \$64.277.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.

Go to Part 3 and fill out Form 122A-2.

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Middle Name

Part 3:

Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Celine Alexus Finley

Signature of Debtor 1

Date 12/18/2023 MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.